BetsyAnn Wrask, Clerk Meilssa Kucserik, First Assistant Clerk Alona Tate, Second Assistant Clerk Rebecca Silbernagel, Journal Clerk Chris Ditmeyer, Clerk Assistant



House of Representatives State House Montpeller, VT05633-5501 Tel: (802) 828-2247 e-mail: hclerk@leg.state.vt.us

VERMONT HOUSE OF REPRESENTATIVES OFFICE OF THE CLERK

House of Representatives Disclosure Form

| Name: | Robert | W. | NORR: | 5 | | |
|-----------|----------------|-------------|--------------|--------------|-----------------|----------------|
| I serve o | n, or am a mem | ber of, the | following E | Boards, Comm | issions, or Ent | ities that are |
| regulated | by law or that | receive fur | nding from t | the State: | | |

Remuneration

| | Remandation | | | | | |
|--|-------------|--------------------------------------|-----|--|--|--|
| Board, Entity, or Commission Name, and Position (e.g. Board Member, Board Chair) | No | Yes Only Expenses e.g. mileage | Yes | | | |
| None | | | | | | |
| | | | | | | |
| | | | | | | |

My Employer: Retired - State of Variant (Salary disclosure not required)

Signed this 8 day of January, 2021

Robert W. NORRIS

Printed Name, please sign on back